

Winterbourne View Joint Improvement Programme

Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to Sarah.Brown@local.gov.uk

An easy read version is available on the LGA [website](#)

May 2013

Winterbourne View Local Stocktake June 2013

1. Models of partnership	Assessment of current position evidence of work and issues arising	Good practice example (please tick and attach)	Support required
<p>1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).</p> <p>1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).</p> <p>1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.</p> <p>1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.</p>	<p>Yes, local arrangements consist of a monthly Winterbourne View Project Group consisting of local authority, CCG and provider representatives.</p> <p>Locally, we are linking in with other key partners such as specialist providers and housing associations. We also link in with regional work that is being undertaken in relation to Winterbourne and work with the Lancashire Commissioning Support Unit.</p> <p>Strategic Commissioners within the local authority review all learning disability services and a review of local specialist Extra Support provision was carried out in early 2013. Market mapping and collation of gaps is carried out on a regular basis through regular consultation with the integrated community learning disability team. Additionally, the monthly working group meeting helps to capture any other developments that may be required for people who are part of the Winterbourne register and others who have complex needs.</p> <p>Good practice example: Blackpool Council and Blackpool CCG jointly fund an Extra Support service which is a local specialist provision.</p> <p>The Winterbourne View Project Group reports to the Health Sub Group and will become a standing agenda item on the LD Partnership Board. Winterbourne View is also discussed at the LD Provider Forum.</p>		

<p>1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.</p> <p>1.6 Does the partnership have arrangements in place to resolve differences should they arise.</p> <p>1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships & Safeguarding Boards.</p> <p>1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.</p> <p>1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.</p>	<p>The Health and Wellbeing Board will receive its first update from the Project Group in July and subsequently will receive progress reports.</p> <p>The terms of reference of the Project Group pick up resolving differences. The Project Group will be the first point of call and those differences that cannot be resolved will be escalated.</p> <p>The terms of reference of the Project Group clarify accountabilities both locally and regionally. We are linked in with the regional work and there is a plan in place to develop a regional strategy. The CCG understands its responsibilities and has received a copy of the review plan and will continue to be updated with milestones.</p> <p>There are no current issues.</p> <p>We are positive about our partnership arrangements and commissioning arrangements for service provision. We will continue to monitor as part of our monthly meetings areas where further support may be required to deliver the plan.</p>		
<p>2. Understanding the money</p> <p>2.1 Are the costs of current services understood across the partnership.</p> <p>2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.</p> <p>2.3 Do you currently use S75 arrangements that are sufficient & robust.</p>	<p>Yes, the costs are understood across the Partnership.</p> <p>Yes. This information is collated as part of the register compiled for the Winterbourne View work.</p> <p>Blackpool does not have pooled budget arrangements.</p>		
<p>2.4 Is there a pooled budget and / or clear arrangements to share financial risk.</p> <p>2.5 Have you agreed individual contributions to any pool.</p> <p>2.6 Does it include potential costs of young people in transition and of children’s services.</p> <p>2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.</p>	<p>There are robust funding arrangements in place through the NHS Community Contract.</p> <p>We do not have pooled arrangements.</p> <p>We are currently working on strengthening our understanding of potential costs due to transitions.</p> <p>A financial strategy is in the planning stages of development.</p>		
<p>3. Case management for individuals</p> <p>3.1 Do you have a joint, integrated community team.</p>	<p>Yes</p>		

<p>3.2 Is there clarity about the role and function of the local community team.</p> <p>3.3 Does it have capacity to deliver the review and re-provision programme.</p> <p>3.4 Is there clarity about overall professional leadership of the review programme.</p> <p>3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.</p>	<p>Yes, there is clarity about the role and function of the team. However, the programme adds pressure to the work of the team but the new team manager is redefining the service to ensure it meets the needs of the people within the review programme. Additionally, it is an opportunity to consider developing the team further to ensure it meets the changing needs of the wider learning disability population. Further priorities will be defined and agreed as part of the monthly meeting.</p> <p>Yes as defined in the terms of reference of the programme working group.</p> <p>Advocacy provision is available for those people who are part of the review programme. Additionally, an advocacy representative is a member of the project Group.</p>		
<p>4. Current Review Programme</p> <p>4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.</p> <p>4.2 Are arrangements for review of people funded through specialist commissioning clear.</p> <p>4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.</p>	<p>There is agreement about the numbers affected by the programme and a register has been compiled detailing key information for each individual. 13 people are supported locally in the extra support scheme, some identified for local move on and 4 are being supported in Calderstones. Out of area information is still being collated to add to the register.</p> <p>All Calderstones clients have allocated case workers. All Extra Support clients have been reviewed within the past 12 months.</p> <p>Also fully funded and part funded CHC clients will form part of the review programme.</p> <p>Arrangements are in place for people to be reviewed by the integrated community learning disability team. Reviews are based around individual need.</p> <p>There are joint arrangements in place however, these need to be formalised as part of the monthly Project Group.</p>		

4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	A local register has been developed and systems have been put in place to ensure that young people coming through transitions are added to the register enabling us to future proof services.		
4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual	The Project Group currently has ownership, maintenance and monitoring responsibilities for the local register to ensure that the work becomes embedded. When this happens a plan to transition this to the routine work of the Integrated Community Learning Disability Team. The Integrated Community Learning Disability Team Manager will lead on this as part of the Project Group.		
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	Yes, a wide range of advocacy support is available through commissioning arrangements: <ul style="list-style-type: none"> • Generic • Self advocacy • IMCA • Non instructed advocacy • IMHA 		
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	Discussion in relation to the quality of reviews will be picked up as part of the monthly meetings. Good practice is also picked as part of the Principal Social Worker role.		
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	Yes		
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.	Yes, all have been completed.		
5. Safeguarding			
5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.	Yes		
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	Psychology Services are integrated within the Community Learning Disability Team. We work with providers to develop person centred and Human Rights based risk assessments that are informed by a positive		

<p>5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.</p> <p>5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.</p> <p>5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.</p> <p>5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.</p> <p>5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.</p> <p>5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.</p>	<p>risk management approach.</p> <p>We have no units in Blackpool.</p> <p>Leads from the Adults Safeguarding Board participate in the Project Group from both Blackpool Council and the CCG.</p> <p>Safeguarding leads meeting regularly take place in the locality in order that existing concerns can be raised. The monitoring of restraint requires further development and will be picked up by the group and added to our local register.</p> <p>There are multi professional integrated team that enables positive communication and the development of good practice between individuals.</p> <p>Awaiting response from Elaine Walker.</p> <p>Yes</p>		
<p>6. Commissioning arrangements</p> <p>6.1 Are you completing an initial assessment of commissioning requirements to support peoples’ move from assessment and treatment/in-patient settings.</p> <p>6.2 Are these being jointly reviewed, developed and delivered.</p> <p>6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.</p> <p>6.4 Do commissioning intentions reflect both the need to deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.</p>	<p>Reviews have taken place but no one is currently in a position to move on at this time. Work is taking place with Strategic Commissioning to ensure that there is an understanding of the demand that this programme may make on services and the potential requirement for further service development.</p> <p>Yes</p> <p>The register has been compiled and final fully funded CHC cases are now being added to the list in order to collate these proportions.</p> <p>Strategic Commissioners are currently undertaking a market mapping project for complex LD and those who come under the re provision programme. The outcome of this will take in to account the need to reduce hospital placements and will form part of the demand</p>		

<p>6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.</p> <p>6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.</p>	<p>information, gap analysis and subsequent commissioning intentions.</p>		
<p>6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.</p> <p>6.8 Is your local delivery plan in the process of being developed, resourced and agreed.</p> <p>6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).</p> <p>6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).</p>	<p>A commissioning review of advocacy support was undertaken in 2012 and all advocacy support was retendered at the start of 2013. It is thought that current advocacy support arrangements will be sufficient however, we monitor demand information through the contract monitoring function.</p> <p>The local delivery plan is in the process of being agreed and will be sent to the next Partnership Board and Health and Wellbeing Board.</p> <p>Yes</p>		
<p>7. Developing local teams and services</p> <p>7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.</p> <p>7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.</p> <p>7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.</p>	<p>This currently sits within care management and as the cohort is small information is fed back to strategic commissioners. This information is also discussed in the monthly Project Group meetings.</p> <p>Quarterly monitoring meetings take place with all advocacy providers to ensure that we understand the quality and effectiveness of advocacy arrangements. We also receive feedback directly from service users, carers and care management professionals in relation to both of these issues and can respond accordingly. Issues around mental capacity and best interest are clearly evidenced within care planning and care management systems.</p>		

<p>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</p> <p>8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.</p> <p>8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)</p> <p>8.3 Do commissioning intentions include a workforce and skills assessment development.</p>	<p>This is still to be undertaken.</p> <p>A strategic commissioning response to Winterbourne View is being undertaken in order to understand what services would be required in order to cope with emergencies so that hospital admission could be avoided.</p> <p>Care management link in with Strategic Commissioning to map the potential demand for emergency provision for those who are at risk of service breakdown and require high levels of staff support.</p> <p>Blackpool Council Workforce Development team are working with providers to undertake a training needs analysis which will include a response in relation to more complex skills.</p>		
<p>9. Understanding the population who need/receive services</p> <p>9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.</p> <p>9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.</p>	<p>Our planning has taken into account people with complex needs however, strategic Commissioners are currently undertaking a project to carry out a market position statement for services received in a persons home including supported living services. Due to the Winterbourne View Programme a decision has been taken to add a section which will respond to the programme and help us plan for those with complex needs.</p> <p>Yes</p>		

<p>10. Children and adults – transition planning</p> <p>10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.</p> <p>10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.</p>	<p>Our planning is becoming more robust in relation to children and young people in transition. Work being undertaken in relation to housing options takes into account young people going through transition which will see us having a longer lead in period and able to plan more effectively for services.</p> <p>All LD commissioning reviews carried out take into account the numbers of young people going through transition in the next three years in order to plan effectively.</p>		
<p>11. Current and future market requirements and capacity</p> <p>11.1 Is an assessment of local market capacity in progress.</p> <p>11.2 Does this include an updated gap analysis.</p> <p>11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.</p>	<p>We have an understanding of future demand but this information requires strengthening. The work through the ‘Developing Care Markets for Quality and Choice Programme’ supported by Oxford Brookes will enable us to strengthen this information.</p> <p>Yes, the Commissioning Team are currently working jointly with partners to deliver the ‘Developing Care Markets for Quality and Choice Programme’ locally. This will enable us to complete a robust assessment of local market capacity. This is due for completion by December 2013 however, gaps and areas of demand will be highlighted by the end of Summer and will feed into the Winterbourne View Programme.</p> <p>This will include an updated gap analysis.</p> <p>At this time there is nothing to report but we will consider this as part of the monthly Project Group meetings.</p>		

Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013

This document has been completed by

Name Kelly Miller

Organisation Blackpool Council

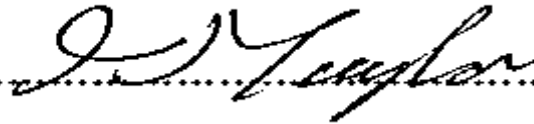
Contact Kelly.miller@blackpool.gov.uk, 01253 476387

Signed by:

Chair HWB Councillor Taylor

Signed by:

Chair HWB

A handwritten signature in black ink, appearing to read 'J. Taylor', written over a dotted line.

LA Chief Executive Neil Jack

A handwritten signature in black ink, appearing to read 'Neil Jack', written in a cursive style.

CCG rep Helen Skeritt (signed off via e mail but no electronic signature available 05/07/13)